

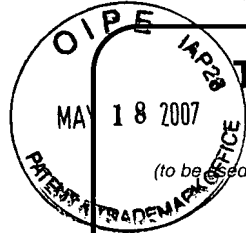
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |                                     |                     |
|--|-------------------------------------|---------------------|
| Application Number                       |                                     | 10/714,821          |
| Filing Date                              |                                     | November 17, 2003   |
| First Named Inventor                     |                                     | Yoko Yamashita      |
| Art Unit                                 |                                     | 3714                |
| Examiner Name                            |                                     | Meagan J. Thomasson |
| Total Number of Pages in This Submission | Attorney Docket Number 9319S-000580 |                     |

## ENCLOSURES (check all that apply)

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment / Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br><p style="text-align: center;"><b>Return Receipt Postcard</b></p> |
| Remarks: The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-3213. A duplicate copy of this sheet is enclosed.   |  |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                                  |               |                                       |          |               |
|-------------------------|----------------------------------|---------------|---------------------------------------|----------|---------------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C. | Attorney Name | G. Gregory Schivley<br>Bryant E. Wade | Reg. No. | 27,382/40,344 |
| Signature               |                                  |               |                                       |          |               |
| Date                    | May 18, 2007                     |               |                                       |          |               |

## CERTIFICATE OF TRANSMISSION/MAILING

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| Typed or printed name | G. Gregory Schivley/Bryant E. Wade | Express Mail Label No. | EV 755 416 523 US (5/18/2007) |
| Signature             |                                    | Date                   | May 18, 2007                  |

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